

IDAHO GROCERY CREDIT REFUND



Your first name and initial	Last name	Your Socia	Your Social Security Number				
			٦- [-		
If a joint return, spouse's first name and initia	al Last name	Spouse's S	Security	Numbe	r		
] - [-		
Mailing address	•	!				T axpayer	
						✓ deceased in 2005	
City, State and Zip Code						Spouse ✓ deceased in 2005	
A. INCOME					_		
 Enter your gross income. Include self-employment income before rental income before expenses, Security benefits or Veterans Ac 	expenses, farm income before and pensions. Do NOT inclu	ore expenses, ude Social	. 1				
Enter the amount for your filing s See instructions			. 2				
 3. Compare lines 1 and 2. If line 1 is equal to or large must file an income tax results. If line 1 is less than line 2. 		se this form. You					
D. DEELIND OF AIMED		YOURS	SELF		SP	OUSE	
B. REFUND CLAIMED 1. Enter the date of birth		month day	/ year	∏	nth da	y year	
Check the boxes that apply. ■ Age 65 or older		\$35 per pers	son		•		
■ Age 62, 63 or 64		\$20 per pers	son		•		
■ Blind and under age 62.		\$20 per pers	son	Щ	•		
If you or your spouse hav	nge 62re not filed this form before, ans Administration documen	provide	son		•		
Total refund claimed (Check one	e box)	\$20 	\$35	\$40	\$55	\$70 	
C. SIGNATURE(S) REQUIRED							
If you or your spouse are unable to see representative must write "unable to the signature space(s) and enter his name, address and relationship.	sign" in	If anyone other than the behalf of a deceased p be completed and attack	erson,				
Your Signature				Date			
Spouse's signature (if a joint return, BOTH N	IUST SIGN)			Phone	Number	r	



Instructions for Idaho Form 24

Who Qualifies to Use This Form

You may use this form if you were a resident of Idaho for all of 2005, you are not required to file an Idaho income tax return, and you (or your spouse):

- were 62 or older on 12/31/2005, or
- are blind, or
- are a disabled American veteran of any war engaged in by the U.S., with a recognized service-connected disability of 10% or more, or a Veterans Administration nonservice-connected disability.

If you are married and normally file a joint income tax return, you should file jointly on this form even if only one of you qualifies.

You cannot claim the grocery credit on more than one form.

Filing Status Chart For Line 2				
<u>Status</u>	Income			
If you are Married:				
filing separate return	\$ 3,200			
filing jointly, both under 65	\$16,400			
filing jointly, one spouse 65 or older				
filing jointly, both spouses 65 or older	\$18,400			
If you are Single:				
■ under 65	\$ 8,200			
■ 65 or older	\$ 9,450			
If you are a Qualifying Widow(er) with a dependent child	d:			
■ under 65	\$13,200			
■ 65 or older	\$14,200			
If you are Head of Household (you must have paid more to	han half the			
cost of maintaining a home for a qualifying person, such as a	child or parent):			
■ under 65	• •			
■ 65 or older	\$11,750			

Do you need help completing this form? Visit your nearest Tax Commission office, or call (208) 334-7660 in the Boise area or 1-800-972-7660 toll free.

Boise 800 Park Blvd., Plaza IV

Coeur d'Alene 1910 Northwest Blvd., Suite 100

Idaho Falls 150 Shoup Ave., Suite 16

Lewiston 1118 F Street

Pocatello 611 Wilson Ave., Suite 5

Twin Falls 1038 Blue Lakes Blvd. N., Suite C

Hearing impaired callers (TDD): 1-800-377-3529